

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,540

FILING DATE

7-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			1			
2		1		1			52			1			
3		1		1			53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		8		8			72						
23		8		8			73						
24	1						74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28					1		78						
29					1		79						
30					1		80						
31					1		81						
32					1		82						
33					1		83						
34					1		84						
35					1		85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41					1		91						
42					1		92						
43					1		93						
44					1		94						
45					1		95						
46					1		96						
47					1		97						
48					1		98						
49					1		99						
50					1		100						
TOTAL IND.	2									2			
TOTAL DEP.	30	←		←		←				24	←		←
TOTAL CLAIMS	32									26			